

## CIVILIAN EMPLOYEE REQUEST FOR NON-ROUTINE LEAVE

1. To assure proper documentation of leave this form should be completed fully and forwarded to Defense Civilian Pay System (DCPS) Customer Service Representative prior to leave being used. A copy should be kept on file by the activity timekeeper.
2. Activity policies concerning non-routine leave requests should be reviewed prior to submissions or decisions concerning such requests. Points to be considered are:
  - a. Effect of employee's absence on workload
  - b. Employee's leave record
  - c. Seriousness of illness (in case of advanced sick leave)
  - d. Use of accrued annual leave prior to advancing sick leave
  - e. Probability of return to duty

### PART I TO BE COMPLETED BY REQUESTING EMPLOYEE

EMPLOYEE'S NAME (Last, first, middle initial)

EMPLOYEE'S TITLE, GRADE AND CODE

WORK TELEPHONE

TYPE OF LEAVE REQUESTED:

\_\_\_\_\_ ADVANCED ANNUAL LEAVE

\_\_\_\_\_ LEAVE WITHOUT PAY IN EXCESS OF 10 DAYS

\_\_\_\_\_ ADVANCED SICK LEAVE

(Doctor's statement must be attached stating nature of illness or limitations and dates employee cannot work.)

\_\_\_\_\_ FAMILY MEDICAL LEAVE

(Appropriate documentation must be attached including doctor's statement of illness related request.)

\_\_\_\_\_ days of FML used year to date

\_\_\_\_\_ FAMILY FRIENDLY LEAVE

\_\_\_\_\_ hours of FFL used year to date

\_\_\_\_\_ hours of personal sick leave now available

\_\_\_\_\_ hours of sick leave used for personal needs year to date

RESTORED LEAVE

\_\_\_\_\_ (Attached documents required by S/HHRO INST 12630.1A)

PERIOD COVERED BY LEAVE REQUEST

FROM \_\_\_\_\_ TO \_\_\_\_\_

FOR \_\_\_\_\_ HOURS

REASON FOR REQUEST

EMPLOYEE'S SIGNATURE

DATE

### PART II FOR APPROVING OFFICE USE ONLY

☐ HOURS APPROVED ☐ HOURS DISAPPROVED

DATE

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

SIGNATURE OF DIVISION DIRECTOR OR EQUIVALENT

COMMENTS:

### FOR DCPS CUSTOMER SERVICE USE ONLY:

NAME OF ORGANIZATION

UIC

ACTIVITY CODE

POC

TELEPHONE NUMBER